NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

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HYOSCINE HYDROBROMATE ETHER ANÆSTHESIA.—The *Journal of the American Medical Association* in an abstract from the *Dominion Medical Monthly* says: "Robertson recommends the use of 0.01 of a grain of hyoscine hydrobromate one-half hour before the administration of ether. The patient is calm and dozes off with quiet respiration, the mouth dry, takes ether without struggling, and the stage of surgical anæsthesia is quickly reached. There is little or no secretion of fluid from the mouth or respiratory tract, no muscular rigidity or cyanosis, and a very small quantity of ether is required. There is no vomiting or obstruction to the respiration by secretion of fluid in the air-passages. The patient regains consciousness rapidly, but is quiet and sleepy for the first twelve hours after the operation. There is some dryness of the mouth and thirst. He has never seen any dangerous symptoms follow the use of the drug, and he thinks that it prevents or lessens many of the disagreeable or dangerous effects of ether."

FORMALIN FOR INOPERABLE CANCER.—The New York *Medical Journal* in an abstract from the *British Medical Journal* says: "Powell's method of application of formalin in cases of inoperable cancer is as follows: Absorbent lint is soaked in two per cent. formalin solution (commercial formalin one part, distilled water nineteen parts) and laid on the tumor. This is covered with jaconet and cotton wool and bandaged on. The dressing should be changed every six hours. After the third or fourth dressing the discharges and fœtor cease; the further process is an aseptic one. In from three to seven days the tumor loses its elasticity and becomes darkened, friable, and insensitive. The further use of formalin is painless, and separation takes place, which should be aided by snipping the fibrous bands that pass into the underlying granulations. Less than a two per cent. strength of solution will not properly harden the tumor mass, and if that percentage is exceeded, the application is painful, the diseased mass becomes surface hardened, separation is difficult, and there is a risk of eschars. By the author's method no local or general anæsthetics are required."

THE TONGUE IN DISEASE.—Dr. Dickinson has a paper in the London *Lancet* on this subject. The first indication of departure from the normal tongue is the dotted or stippled tongue, a slight excess of epithelium on the papilla. It may be peculiar to the individual and not indicate ill-health. The coated tongue is merely an increase of this condition. There is usually a slight rise of temperature. It occurs in a variety of cases where the patient is indisposed but not really ill. When the tongue is not only coated, but dry, the case is more grave. There are two types—the strawberry tongue and the plastered tongue, heavily coated. This suggests pneumonia or typhoid fever, acute bronchitis or acute rheumatism. The average temperature is 101.6. This is the most definite in its

indications of all the different states of the tongue. The furred or shaggy tongue is more indicative of chronic than of acute disease. It is common in prolonged illness when the patient eats little solid food and the flow of saliva is lessened. The incrusted, brown, dry tongue, with elongated papilla separated and caked over with a brittle crust, cracked and fissured, consisting largely of vegetable organisms, indicates that the patient has not masticated food and that the production of saliva is scanty; usually there is a high temperature. The prognosis is grave and liquids and stimulants are demanded. The denuded tongue, red, smooth, and dry, represents a later phase of disease and expresses an impairment of nutrition and exhaustion. The diseases in which it is seen are usually subacute, and the fevers are often hectic. The growth of the epithelium of the tongue is hindered and causes this appearance.

TREATMENT OF WHOOPING-COUGH.—Dr. T. W. Kilmer in a paper in the New York *Medical Journal* proposes what he says is a new treatment for this disease. For the relief of vomiting, especially in infants, he places around the child a stockinette band extending from the armpits to the pubes and fitting the child snugly. Two shoulder-straps prevent the band from slipping down. Upon this band a single width of elastic bandage is sewn, extending around the body and covering the abdomen. The bandage is slightly stretched when it is sewn on. Should the vomiting continue after the belt has been applied, tighten it slightly. It can be applied also around the chest to abort the paroxysms of coughing. He says whooping-cough is a self-limited disease and runs its course as does pneumonia. The medicinal treatment he has found most efficacious is the alternate use of antipyrine with bromide and quinine.

THE FOOD FACTOR IN EDUCATION.—The *Medical Record* says: "'Overpressure' in education has now for some time been made the theme of endless discussion. This crusade against modern methods of training the rising generation has not been undertaken without valid cause. The youth of great cities throughout the world are crammed with knowledge—much of which is more or less useless—while their physical condition is neglected. The consequence is that the urban population is degenerating in physique and constitution, and is becoming every year less fitted to fight successfully the battle of life. In the *British Medical Journal*, April 4, is an article which, although allowing that the present tendency to overload the minds of the young produces many evil effects, contends that insufficient food is a factor of much importance in the production of ill-health, and that the diet of growing children is generally inadequate, both as regards quantity and quality. Dr. Clement Dukes, a distinguished authority on school hygiene, states that the average schoolboy requires meat twice a day, and suggests that the innumerable petty misdemeanors of boys may be due to insufficient nourishment. Underfeeding is especially noticeable in the case of girls. Dr. Newsholme points out that girls thus underfed often get into the habit of relying on bread and butter and puddings to the almost complete exclusion of meat and other nitrogenous food. The conclusion arrived at from a consideration and comparison of diets in various schools in England and France is that, as a rule, not enough nitrogenous food is given, and that girls are generally underfed. In these days, when examinations are harder and competition more acute than ever before, the strain upon the mental faculties and upon the nervous system of those at school and college is exceptionally severe, and in

order to preserve good health the necessities of the body must be carefully looked after. The young, then, when studying hard should not only be given sufficient food, but suitable food."

PROLONGED WITHDRAWAL OF FOOD.—Dr. T. D. Parke in a paper in the *Journal of the American Medical Association* gives the details of two cases of children ill with intestinal disease, ileocolitis, who were kept without food, one for five days and nights, the other for eight, both recovering. In the first case the child had fever, convulsions, and bloody stools. Plain water was given until at the end of five days the reduction of temperature and change in the character of the stools warranted the giving of diluted food, broths, whey, and, lastly, modified milk. In the second case albuminized water was given at the end of five days, but the symptoms being aggravated, food was again withheld for three days more. The child lost flesh but was not extremely emaciated. The prolonged withdrawal of food is not advocated indiscriminately. In most cases forty-eight hours is sufficient. Children ill with the severer forms of intestinal disease will be more comfortable, live longer, and recover more quickly on water than they will on food of any description that a disturbed digestive tract cannot assimilate.

CATHETERIZING A PATIENT.—G. M. Cushing, in the *Clinique*, gives the following careful instructions to be followed out in the catheterization of a patient: 1. The instrument should be thoroughly sterilized by boiling and transferrred to the hand solution with sterilized forceps. 2. It should be absolutely smooth. 3. It should be lubricated with an aseptic lubricant. 4. It should be introduced without force. 5. The operator's hands should be rendered aseptic by the use of a hand solution. 6. The meatus urinarius should be bathed with an antiseptic solution before the catheter is introduced.

LEMON-JUICE FOR TYPHOID.—Johnson, in *Northwest Medicine*, says he has experimented with lemon-juice on the various cultures of the typhoid bacillus, and comes to the conclusion that lemon-juice in any proportion that is palatable must be left to stand much longer than the ordinary meal-time to be of any prophylactic virtue. He finds, however, that a very short heating, even of five minutes, to a temperature of above 60° C. is sufficient to destroy the typhoid germ. It need not be boiled; it is not necessary to have the air boiled out.

BACTERIA IN INTESTINES AFTER ADMINISTRATION OF DISINFECTANTS.—The *Journal of the American Medical Association* in an abstract of a paper in a German exchange says: "Strasburger announces as the conclusions of extensive research on man and animals that most of the purges and disinfectants, including calomel, actually increase the number of bacteria in the intestines, as they injure the lining and thus afford more favorable conditions for their proliferation. Proper absorption of well-digested food deprives the bacteria of their nutrient medium and hence reduces their number. Abstention from food has the same effect. No disinfecting power could be observed with naphthalin, and only very slight with salicylic acid; tannocol was the most effective. Ingestion of readily absorbed food or abstention from food are the most effectual means at our command for restricting bacterial proliferation in the bowel."